A glaring obstacle to reaching the UNAIDS 90-90-90 goals by 2020 is HIV-related stigma. For those living with HIV to be aware of their status, access and remain on treatment, and achieve viral suppression, stigma must be eradicated to the highest extent possible; no one will access HIV services if they fear judgment or discrimination. If HIV stigma is to be tackled, it must first be documented and understood.

The People Living with HIV Stigma Index is a standardized survey that was developed by the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV (ICW), the International Planned Parenthood Federation (IPPF), and UNAIDS to better understand stigma and provide evidence that can be used to advocate for the rights of people living with HIV (PLHIV).

The Stigma Index was launched in 2008 and as of October 2017, it had been translated into 54 languages, 100,000 people living with HIV from 90 countries had been interviewed, and 2,000 people living with HIV had been trained as interviewers.

In recent years, feedback from interviewers and interviewees indicated that the Stigma Index needed to be updated to better reflect changes in the epidemic and the HIV response. The United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) supported Project SOAR—in conjunction with GNP+, ICW, and other local and global partners—to refine the Stigma Index from 2015–17, and to pilot the revised version (Stigma Index 2.0) in Cameroon, Senegal, and Uganda.

To further PEPFAR’s goal of stigma reduction in the Dominican Republic, USAID and PEPFAR are supporting Project SOAR to implement the Stigma Index 2.0 in six provinces in the country. The study’s objective is to gain a greater understanding of the experiences of people living with HIV, and thus improve their access to HIV-related services and contribute to reaching the 90-90-90 goals in the country. In addition, through the process of

Research Partners: Population Council, Alianza Solidaria para la Lucha Contra el VIH y SIDA (ASOLSIDA), Red Dominicana de Personas que Viven con VIH/SIDA (REDOVIH)

Location: La Altagracia, Barahona, Puerto Plata, La Romana, Santiago, and Santo Domingo provinces

Study Duration: 2018–2019

For more information, contact: Eileen Yam, Population Council, eyam@popcouncil.org, or Alejandra Colom, Population Council, acolom@popcouncil.org.
What is unique about the Stigma Index 2.0?

In keeping with the GIPA principle (“Greater Involvement of People Living with HIV/AIDS”), the Stigma Index is both a data collection tool and an empowering intervention for both the interviewers collecting the data and the interviewees who are sharing their experiences of stigma. Stigma Index 2.0 includes additional measures tailored for key populations disproportionately affected by HIV, validated scales on mental health and internalized HIV stigma, and a new scale to measure resilience.

To learn more about the Stigma Index 2.0 go to: stigmaindex.org.

leading the implementation of Stigma Index 2.0, an important benefit of this work is that it will be an empowering experience for people living with HIV in the Dominican Republic.

OUR RESEARCH

The Alianza Solidaria para la Lucha Contra el VIH y SIDA (ALSOLSIDA) and Red Dominicana de Personals que Viven con VIH/SIDA (REDOVIH), our lead research partners, will recruit and hire PLHIV interviewers, who will participate in an intensive multi-day training that will cover human subjects research ethics, interviewing techniques, and secure data management. The training content will incorporate recommendations from the People Living with HIV Stigma Index 2.0 User Guide.

The PLHIV interviewers will use the Stigma Index 2.0 to interview approximately 1,000 PLHIV. The recruitment process will consist of peer-to-peer recruitment through PLHIV support groups and service delivery sites, as well as through local PLHIV networks and nongovernmental organizations. In addition to this “snowball” recruitment of respondents, the study team also will conduct venue-based recruitment at, for example, clinics, PLHIV service organizations, and community-based organizations that the target population frequent to receive HIV-related treatment, care, or social support. We aim for our sample to represent a mix of PLHIV communities or subgroups, including men who have sex with men, female sex workers, and people of Haitian descent.

RESEARCH UTILIZATION

We will actively engage key stakeholders throughout the study to gain their insights and recommendations, including during the data collection process and when interpreting the findings. In addition to members of ASOLSIDA and REDOVIH, other key stakeholders include UNAIDS, CONAVIHSIDA, community-based advocacy organizations, USAID, and PEPFAR.

Stigma among health care providers

In 2017, the National Council on HIV and AIDS (CONAVIHSIDA) examined the attitudes of healthcare providers in the Dominican Republic toward PLHIV. Results revealed high levels of stigma among providers that may impact the uptake of HIV services among those living with HIV. For example:

- 48 percent agreed that people get infected by HIV because they engage in irresponsible behaviors.
- 23 percent agreed that women with HIV should not be allowed to have babies.
- 56 percent said they prefer not to provide services to men who have sex with men because they engage in immoral conduct.

Results from administering the Stigma Index 2.0 in the Dominican Republic will complement these data by providing a clearer picture of levels of stigma faced by different populations living with HIV and its effects on their lives.